

1. CHECK THE PROPER BOX FOR YOUR APPLICATION AND FILL OUT COMPLETELY

Other State Learner's Permit Name Change CDL Class D Comm. Lic. ID Card
 Surrender CDL Regular Motorcycle

PRINT IN BLACK INK	(Last Name)	(First Name)	(Middle/Maiden)	(Circle if Appropriate) Jr. Sr. II III IV _____
	Full Name			Assigned Number
	Home Address (Use 911 Address)			
City			State	Zip

Office Use ONLY:	Date of Birth				
	Mo.	Day	Year	Age	Race
	Sex	Height	Weight	Eyes	Hair

SECTION 2. ANSWER THE FOLLOWING QUESTIONS

- YES NO
1. Have you ever held a driver's License in any state in the past 10 years?
What State? _____ What year? _____ DL Number _____
 2. Have you ever held a Identification card in any state? What State? _____ What Year? _____ ID Number _____
 3. Are you subject to any disqualification under 49 CFR 383.51, or any license suspension, revocation, or cancellation under State law, and do you have a driver's license from more than one State or jurisdiction?
What State? _____ What year? _____ Why? _____
 4. Have you ever been denied a license? Why? _____
 5. Are you currently being treated for diabetes? If so are you currently taking a shot or pill for treatment? _____
 6. Do you have any physical defects which would interfere with your ability to operate a motor vehicle safely? Explain _____
 7. Are you a United States Citizen? Date of Citizenship _____
 8. Do you wish to indicate your desire to become an organ donor and have such marking denoted on your license and or ID card?
- CDL ONLY
9. Is the drive test vehicle representative of the class you will drive?
 10. Are you exempt from the requirements of 49 CFR 391? If yes, how are you exempt? _____
 11. Do you meet the qualification requirements of 49 CFR 391?

By submitting this application, I am consenting to registration with the Selective Service System, if so required by law when I reach eighteen years of age.
 NOTICE: Persons who are convicted of any registrable sex offense must report to the Sheriff of the county of their residence and also to DPS for appropriate sex offender registration. Authority: MCA 45-33-27. I acknowledge that I have read and understand the requirement to register as a Sex Offender as set forth above.

I DO SOLEMNLY SWEAR/AFFIRM THAT I AM THE PERSON NAMED AND DESCRIBED HEREIN AND THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT MY LICENSE WILL BE SUBJECT FOR SUSPENSION BY KNOWINGLY AND WILLINGLY FALSIFYING ANY INFORMATION GIVEN BY ME.

X _____ Date _____
USUAL Signature of Applicant

SECTION 3. DO YOU WISH TO REGISTER TO VOTE () YES () NO

Receipt No.				Class of D.L.			
L.P. Receipt No.				Endorsements			
Application Fee				Restrictions			
End. Receipt				Acuity	L20/	R20/	B20/
Gen. Knowledge				Acuity Corr.	L20/	R20/	B20/
Air Brakes				O/S Exp. Date of Driver License			
Combination				Residency Document			
Motorcycle				Surrender/Exempt from Test ()			
Double/Triples				SSA & SI Checked ()			
Tanker				NCIC Checked ()			
Passenger				Photo number			
School Bus (S)				Name Change			
Hazmat				Marriage Lic () Divorce () Court Order ()			
Pre-Trip				Document ID No.			
Basic Control			Medical Card Expiration Date	Previous Name			
Road Test				Mother's Maiden Name			
Vehicle Info	Tag #	P () F ()		Place of Birth			
				Date of Birth Change			
Insurance Policy No.				ID. Document			
Rehab. Permit							
Examiner				Badge Number			